Minutes
Massachusetts Department of Public Health
Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting

Date: Thursday, October 8, 2015
Time: 4-6 PM
Location: Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451

Attendees:

Council Members:
David Brumley, MD, MBA
Kevin Cranston, MDiv
Sansei Fowler, MD, MPH
Thomas Hines, MD
Cody Meissner, MD
David Norton, MD
Sean Palfrey, MD
Ron Samuels, MD, MPH
Kate Wallis, RN, BSN
Jane Williams, MD, MPH
Marissa Woltman

Additional Attendees:
Rich Aceto
Lenny Demers
Brandis Dohman
Deb Elliott
Beth English, MPH
Diana Georgeou
Mike Goldstein
Larry Madoff, MD
Cynthia McReynolds, MBA
Bob Morrison
Leigh O'Mara, PhD
Pejman Talebian, MA, MPH

1. DPH Updates

Mr. Cranston convened the meeting.

Attendees introduced themselves.

Mr. Cranston noted that a meeting quorum was not needed at this meeting, because the Council would not be taking up deliberations for any formal recommendations.

DPH will be expanding its epidemiology job series. To date, it has been operating with a two-step epidemiology staffing series. As people advance in their professional development, they do not have continued opportunities to progress within DPH. This has resulted in the loss of staff to other opportunities. DPH has been given permission to expand to a four-step epidemiologist series. This will allow a job ladder from entry level epidemiologist to team leader to doctoral level epidemiologist. It will create stability and will make DPH a more competitive employer.

Effective November 1, 2015, Massachusetts will be restored as "universal" for state-supplied pediatric vaccines. DPH will be adding HPV vaccine and the booster dose of meningococcal vaccine to its formulary. The passage of the Trust Fund legislation, along with support from the current administration, has allowed for this expansion.

DPH has requested that insurers continue to reimburse for privately-purchased vaccines during the transition period. Providers will need to purchase vaccine for patients seen in their practice who are older than 18.

A question was raised whether this funding was made possible by the Affordable Care Act (ACA). The expansion to universal was not funded with federal funding but was made possible by the Vaccine Trust Fund, which allows DPH to purchase vaccines at the lowest contract price through CDC and then assess health plans for their proportional cost upfront rather than requiring providers to privately purchase and bill individually at higher costs.

2. Review of Meningococcal B vaccine recommendations – Dr. Meissner

Dr. Meissner reviewed clinically significant *Neisseria meningitidis* serogroups, noting that 5 serogroups cause 99% of disease worldwide. Since World War II, disease caused by serogroup A has been rare in the United States. Serogroup A is a major cause of disease in Africa and Asia. Recent introduction of a monovalent group A conjugate vaccine in the meningitis belt in Africa has dramatically reduced the burden of disease. Serogroup B causes approximately 40% of disease in the United States; serogroups B, C and Y cause approximately 95% of disease. Serogroup B is a major cause of disease in Europe.

Since the late 1990s, the incidence of meningococcal disease has decreased in the United States. It is unclear why disease incidence has decreased. It could be related to a decrease in smoking, and also in part to the introduction of Menactra and Menveo in 2005 and in 2010, respectively.

While disease incidence has decreased, the disease can result in a 10% mortality rate and in 10-20% can cause long-lasting effects. It can affect young, healthy adults in the prime of their life.

MenACWY and MenB vaccines were reviewed.

At its February 2015 meeting, the ACIP recommended use of MenB vaccines among certain groups of persons aged ≥10 years who are at increased risk for serogroup B meningococcal disease.

At its June 2015 meeting, the ACIP recommended that adolescents and young adults aged 16–23 years may be vaccinated with a serogroup B meningococcal (MenB) vaccine to provide short-term protection against most strains of serogroup B meningococcal disease (Category B recommendation).

Some of the challenges for recommending routine use of MenB vaccines include:

- Approximately 50 cases of serogroup B meningococcal disease occur annually in the United States among adolescents and young adults between 11 and 24 years of age. The low burden of disease that might be prevented by the MenB vaccine schedule was basis for the CDC's category B recommendation (recommendation for individual decision making and not for routine use).
- Consideration of groups at increased risk for MenB disease:

- College students are at greater increased risk for MenACWY disease than non-college students in the same age group; however, non-college students are at equal or greater risk for MenB disease than college students of the same age. Therefore, a recommendation for use of MenB vaccine only for college students would not be equitable.
- Both Category A and Category B vaccines are covered under the ACA.
- Unresolved issues regarding MenB vaccine:
  - Efficacy of vaccine is not established
  - Duration of antibody persistence is not known;
  - Number of vaccine-preventable cases is not known;
  - Impact on pharyngeal carriage is not known;
  - Vaccine pressure on circulating strains is not known
  - Theoretical concern for increased risk of autoimmune disorders among vaccinees is unknown

A question was raised whether there were liability issues for a provider if he or she recommends that the MenB vaccine not be given. The AAP's Committee on Infectious Diseases (COID) is working on recommendations to help providers when considering use of MenB vaccines.

3. Discussion regarding inclusion of ACIP category B recommended vaccines in DPH universal program

Although Massachusetts is universal for all ACIP-recommended pediatric vaccines (effective 11/1/15), MenB vaccine is being supplied only for VFC-eligible children for Category B recommendations (permissive use). Adding the Category B recommendation for MenB vaccine to the universal program would require budget and funding discussions.

Discussion: Should the DPH be considering Category B-recommended vaccines for inclusion in its universal program? If yes, should Category B-recommended vaccines be included routinely or reviewed on a case-by-case basis as recommendations are made?

Category B recommendations may be more common in the future, because both Category A and Category B vaccines must be covered by insurers according to the ACA.

There was consensus that the Council should deliberate Category B recommendations on a case by case basis and make recommendations to DPH accordingly.

The Council will deliberate about MenB vaccine Category B recommendation at a future meeting.

4. Review of current DPH pediatric vaccine formulary
- **Market share by vaccine**
- **Deliberation regarding future review of existing formularies**

The current DPH formulary was reviewed by vaccine family and brand name. The market share by vaccine also was reviewed.

The Council is mandated to review the current formulary on a regular basis.

Discussion ensued as to whether there should format changes to current MVPAC deliberations.

There was Council consensus that:

- It would be helpful for the Council to be updated about market share by vaccine, annually, or by looking at trends with individual vaccines.
- The Council should review the formulary annually in its entirety, and schedule reviews of certain vaccine classes as needed.
- Prior Council recommendations should be re-visited if any changes occur (for example, change in ACIP recommendation, new effectiveness, new products, a product leaving the market, etc.).
- The Council should devote meeting time annually to reviewing the formulary and deciding which vaccines should have full discussion at a future meeting.
- The Council should schedule three meetings per year, with the option of canceling a meeting if there isn't new information to present.

The next Council meeting will be held on March 10, 2016.

The meeting was adjourned.

Future Meeting Dates:

March 10, 2016
June 9, 2016
October 13, 2016
March 9, 2017

MVPAC webpage:
http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/mvpac.html